STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

NAME OF TAXPAYER(S) OR FEEPAYER(S)	TAXPAYER'S/FEEPAYER'S EMAIL ADDRESS	
TAXPAYER'S/FEEPAYER'S ACCOUNT NO.	CASE IDENTIFICATION NUMBER (if applicable)	
TAXPAYER'S/FEEPAYER'S REPRESENTATIVE	TAXPAYER'S/FEEPAYER'S REPRESENTATIVE'S EMAIL ADDRESS	

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The following statement will be included on each transmission:

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SIGNED BY* (taxpayer, feepayer, corporate officer or representative with a power of attorney)		DATE SIGNED
PRINT NAME OF SIGNATORY	CONTACT PERSON (if other than	an signatory)
TITLE OR POSITION		TELEPHONE NUMBER ()
TITLE OR POSITION OF CONTACT PERSON		TELEPHONE NUMBER ()

*Signatory, if not a corporate officer, partner or owner, certifies under penalty of perjury that he or she holds a power of attorney to execute this document.